| TN1934 B. WING SITEET ADDRESS, OTT, STATE, ZIP CODE 4347 LEBANON ROAD HERMITAGE, TN 37978 MCKENDREE VILLAGE INC SIMMARY STATEMENT OF DEPOCIENCESS PROPER GEAR ATOMY OF LSO LIEUTIFYING INFORMATION) N 000 Initial Comments A 000 Initial Comments N 000 Initial Comments A 1000 February 3 - 5, 2014, at McKendree Village. No deficiencies were cited under Chapter 1200-8-d, Standards for Nursing Homes. Standards for Nursing Homes STANDARD REPORT OF STATEMENT OF STATEMENT OF STANDARD ST | STATEMEN AND PLAN | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1934 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE COM | (X3) DATE SURVEY COMPLETED | |
|--|---------------------------|--|---|---|----------------|------------------|-------------------------------|--|
| MCKENDREE VILLAGE INC 4347 LEBANON ROAD HERMITAGE, TN 37878 (24) ID (24) ID (25) ID (26) | | | | | | 02/05/2014 | | |
| PART OF PROBLEMS OF PROCESSES OF PROVIDERS PLAN OF CORRECTION PRETTY TAG SUMMARY STATEMENT OF DEPOCRACES PREDTY TAG SUMMARY STATEMENT OF DEPOCRACES PREDTY TAG REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments An annual Licensure survey was completed on February 3-5, 2014, at Markendree Village. No deficiencies were cited under Chapter 1200-8-8, Standards for Nursing Homes. | NAME OF F | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | <u></u> | | |
| PREFIX PRESULTIONY OR LSC IDENTIFYING INFORMATION) N 000 N 000 Initial Comments An annual Licensure survey was completed on February 3 - 5, 2014, at McKendree Village. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes. | | | HERMITA | | | • | s main, | |
| An annual Licensure survey was completed on February 3 - 5, 2014, at McKendree Village. No deficiencies were cited under Chapter 1200-8-8, Standards for Nursing Homes. | PREFIX | (EACH DEFICIENCY | (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE | | | | | |
| DRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE (X8) DATE | N 000 | An annual Licensum February 3 - 5, 2014 deficiencies were ci | 4, at McKendree Village. No ited under Chapter 1200-8-6. | N 000 | | · | | |
| DRATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE TITLE (X8) DATE | | | | | | | | |
| | SION OF HEAD DRATORY E | Ith Care Facilities DIRECTOR'S OR PROVIDE Resident | | | | المام | X8) DATE | |